## Notice of Section 527 Status

CM8 No 1545-1593

(July 2000)

Department of the Treasury Internal Revenue Service

NOTICE SERVICE			
Part I General Informati	оп		
1 Name of organization	<b>.</b>	Employer identification number	
DYRNE TOX	umber, street, and room or suite	529 60 6693	
2 Mailing address (P.O. Box or n	umber, street, and room or suite	number)	
P.O. Box 26	: / 之		
City or town, state, and ZIP co			
_ Falls Chur	ch Vaaao42	<b>-</b>	
3 E-mail address of organization	,	···	
www.leslieb	urne.ora		
4a Name of custodian of records	↓ 4b Cu	4b Custodian's address	
Leslie Byrv	n -ee	5AM-	
Court of Colle			
5a Name of contact person	5b Co	intact person's address	
		Same	
200112 - 11			
6 Business address of organization	on (if different from mailing addre	ess shown above). Number, street, and room or suite number	
City or town, state, and ZiP co	de	70 ·	
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Part II Purpose			
7 Describe the purpose of the or	ganization		
d		Byzne and to support other	
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Part III List of All Relate	d Entities (see instruction	s)	
8a Name of related entity	85 Relationship	Bc Address	
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Part IV	List of All Officers, Di	rectors, and Highly Co	mpensated Employees (see instructions)
9a Name		9b Title	9c Address
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	Revenue Code, and that I have a	are war the organization named in semined this notice, including acco	Part ( is to be treated as an organization described in section \$27 of the interne empanying schedules and statements, and to the best of my knowledge and belie
	it is true, correct, and complete.	•	• •
	Leslie	KZ	-1 /
Sign			7/25/00 Date
	Signature of authorized off	icial •	Date